

# APPLICATION FOR WITNESS PROTECTION ASSISTANCE

(See directions on opposite side.)



## SECTION A

Applicant's name \_\_\_\_\_ Title \_\_\_\_\_  
Mailing address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Fax \_\_\_\_\_

## SECTION B

**ATTACH A DESCRIPTION OF SERVICES REQUIRED AND THE CIRCUMSTANCES PROMPTING THIS REQUEST.**

## SECTION C

Protection is requested from \_\_\_\_\_ to \_\_\_\_\_.

## SECTION D

**Estimated cost of providing protection** (Include an itemized breakdown of all costs).

NATURE OF EXPENSE	CALCULATION	TOTAL
Housing/Rent	\$X/month x # months _____	\$ _____
Hotel	\$X/night x # nights _____	\$ _____
Food	\$X/day x # days _____	\$ _____
Truck Rental	\$X/day + miles + gas _____	\$ _____
Bus Fare	(one way) _____	\$ _____
Other Transportation (please specify)	_____	\$ _____
Security/Surveillance	\$X/day x # days _____	\$ _____
Other (include description & calculation)	_____	\$ _____
	_____	
	_____	

**ESTIMATED COST \$** \_\_\_\_\_

## SECTION E

The applicant certifies, by signature hereto, that the above request is correct and just and that the expense is necessary to the public business of the state of Missouri.

\_\_\_\_\_  
Signature of applicant official

\_\_\_\_\_  
Date

## OFFICE OF PROSECUTION SERVICES USE ONLY

Assistance **APPROVED**

☐

Assistance **DENIED**

☐

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Director – Missouri Office of Prosecution Services

\_\_\_\_\_  
Date

# APPLICATION FOR WITNESS PROTECTION ASSISTANCE



## INSTRUCTIONS

Complete **Applicant Information Sections A to E**. Type or print. All applications for witness protection must be submitted by or through a county prosecuting attorney's office or the office of the circuit attorney. The exception to this procedure would be cases where evidence can be shown that there is a problem with a particular county prosecuting attorney or circuit attorney, which would preclude involvement of that particular office.

**Section A Applicant's Contact Information:** Include your contact information.

**Section B Type of Protection Requested:** Attach a separate sheet stating: 1) the conditions which qualify the person(s) for protection, and 2) the precise methods the originating agency will use to provide protection, including relocation of person(s) and reciprocal claims with other law enforcement agencies. Also include the case number for the proceedings in which the witness will be involved.

**Section C Period of Time Protection Required:** Give an estimate of the dates protection will be required.

**Section D Estimated Cost of Providing Protection:** Indicate the anticipated cost of providing the protection services requested. **Include a complete, itemized breakdown of the costs involved.** Receipts for all costs will be required to receive state reimbursement.

**Section E Signature of Applicant Official:** This application should be signed by the authorized applicant official.

**Application Process:** All applications must be forwarded to the Missouri Office of Prosecution Services for review, recommendation, and further action.

If the application is approved, the Missouri Office of Prosecution Services is obligated only to the amount stated on the application. If it becomes apparent that additional funds will be required, the applicant must notify the Missouri Office of Prosecution Services to request additional funds. The Missouri Office of Prosecution Services will consider all requests for additional funds, but the ability to obligate additional funds is limited to the availability of said funds as appropriated by the General Assembly for such purposes. If it becomes apparent that the funds allocated by the Missouri Office of Prosecution Services are greater than the actual costs of providing protection, the applicant should notify the Missouri Office of Prosecution Services so that any unused funds can be released for use by other jurisdictions.

Please submit the application to:

Missouri Office of Prosecution Services  
Witness Protection Program  
PO Box 899  
Jefferson City, MO 65102  
Phone: (573) 522-1838 or (573) 751-0619  
Fax: (573) 751-1171